

<b>DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION</b>	<b>FOOD SUPPLEMENT PROGRAM MANUAL</b>	
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## **109.1 Purpose**

This section identifies special policy provisions that apply to the following households:

- A. Residents of group living arrangement (GLA) facilities
- B. Households containing veterans and/or their surviving spouses/children
- C. Households consisting of elderly and disabled persons living with others
- D. Residents of treatment centers for drug addiction and alcoholism

## **109.2 Group Living Arrangements (GLA)**

### **109.21 Definition**

“Group living arrangement” means a public or private nonprofit residential setting that serves no more than sixteen residents. The facility must be certified by agencies of the State under regulations issued under section 1616(e) of the Social Security Act.

### **109.22 Verification of Facility Status**

- A. Prior to certifying any residents of a GLA facility the LDSS must:
  - 1. Verify that the GLA is licensed by a health or mental health or social services agency of the State of Maryland for the care of 16 or fewer persons;
  - 2. Verify that the center is a non-profit (tax-exempt) facility. The Internal Revenue Service provides written verification of tax status to each approved GLA facility.
- B. If a facility cannot provide written verification of the above, the residents of the facility are not eligible.
- C. Each local office should maintain for worker reference a list of GLA facilities that meet the above criteria.

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### **109.23 Customer Eligibility Requirements**

To be eligible for FSP benefits, a resident of a group living arrangement must be blind or disabled and one of the following:

- A. Receiving benefits under title XVI (SSI) of the Social Security Act or disability or blindness payments under titles I, II, X, XIV, or XVI of the Social Security Act.
- B. Receiving federally or state-administered supplemental benefits under the Social Security Act provided that eligibility is based on disability or blindness criteria under title XVI of the Social Security Act.
- C. Receiving federally or state-administered SSI supplemental payments. There are still nine people in Maryland who receive the mandatory state supplement to SSI.
- D. Receiving disability retirement benefits from a governmental agency because of a disability considered permanent under the Social Security Act.
- E. A veteran with a service-connected (or non-service-connected) disability rated as total by the Veteran's Administration (VA) or paid as total by the VA.
- F. A veteran or a surviving spouse of a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under Title 38 of the United States Code.
- G. A surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the United States Code.
- H. A surviving spouse or child of a veteran and entitled to compensation for service connected death or pension benefits for a non-service connected death and has a disability considered permanent under the Social Security Act.
- I. Receiving an annuity payment under the Railroad Retirement Act of 1974 and determined to be eligible to receive Medicare by the Railroad Retirement Board.
- J. Receiving an annuity payment under the Railroad Retirement Act of 1974 and determined to be disabled under title XVI of the Social Security Act.
- K. Receiving interim assistance benefits pending the receipt of SSI (long term TDAP), disability- related medical assistance under title XIX of the Social Security Act, or disability-based State general assistance benefits under disability or blindness criteria (short term TDAP).

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#### **109.24 Authorized Representation**

- A. Residents may apply as a one-person household or a group of residents may apply as a household.
- B. Residents may apply on their own, through an authorized representative of their own choosing, or through an authorized representative employed and designated by the GLA facility.
- C. The facility must determine if any resident or group of residents may apply on their own behalf.
- D. All residents in the GLA facility do not have to apply on the same basis. Accept applications for any individual applying as a one-person household or for any grouping of residents applying as a household as defined in Section 100 of this manual, i.e. consider all those residents who purchase and prepare together as a single household.

EXAMPLE: In a GLA facility of 16 there are 8 persons certified using the GLA facility as representative, 4 using guardians as representatives and 4 applying on their own behalf as a group. This results in the following household composition:

12 one-person households - 8 using a GLA facility representative plus  
4 using guardians as representatives

1 – four-person household

#### **109.25 Determining Eligibility and Benefits**

- A. Income
  - 1. Include any income paid or owed to the household. Income includes, but is not limited to, SSI, Veteran's benefits, Social Security, Public Assistance to Adults (PAA), Temporary Disability Assistance Program (TDAP) and earnings.
  - 2. Vendor payments made by the Department of Health and Mental Hygiene (DHMH) or DHR directly to a provider for a service is not countable if the money is not owed to the household. In some living situations, such as Rehabilitative Residence Programs, grants are made to a provider agency for a package of services to cover the care of the residents of the program. The money is not owed to the client and is not counted as income. It is also not used as a deduction.

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### **109.25 Determining Eligibility and FSP Benefits (continued)**

Examples:

- #1 Ms. Johns is in a GLA. She receives a \$579 SSI benefit and a PAA grant of \$300. The facility also receives a grant from DHMH to help with costs of care. This money is not owed to Ms. Johns. Ms. Johns' countable income is \$879.
- #2 Mr. Jones is in a CARE program facility. His income is \$600 SSA disability and \$451 PAA. His countable income is \$1051.
- #3 Ms. Smith is in an Association of Retarded Citizens (ARC) Group Home. She receives \$545 SSA benefits as a disabled child. She works in a sheltered workshop earning an average of \$5 weekly. Her countable income is \$565.
- #4 Mr. Jackson is in a Rehabilitative Residence, which meets the definition of a GLA. He receives an \$82 personal needs allowance and \$560 SSA. His countable income is \$642.

#### **B. Shelter Costs and Medical Expenses**

1. The operator of the GLA is the resident's landlord and provider of certain medical services.
2. Medical services that GLAs frequently provide include:
  - (a) Personal attendant care,
  - (b) Supervision of medicines,
  - (c) Follow through on physician's, visiting nurse's or therapist's recommendations for home treatment,
  - (d) Medical transportation.
3. Use the GLA operator's statement regarding the amount the resident is charged for shelter costs.
4. Room and Medical costs that are separately identified are allowable shelter and medical expenses.

Example: Ms. Smith lives in a GLA. She receives SSI of \$579 per month. She pays \$450.00 per month to the GLA. The GLA states \$250.00 of this money is the charge for shelter. The GLA verifies that the balance of \$200.00 is the charge for medical services (attendant care, health aide, and medical transportation). Budgeting for this applicant is: \$579 income, \$165.00 (\$200 - \$35=\$165. CARES will do this calculation) medical expense, and \$250.00 shelter expense.

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### 109.25 Determining Eligibility and Benefits (continued)

5. Normally the GLA will identify the charge for each of the separate costs. If the GLA combines the amount the resident pays for room and meals into one amount and the GLA cannot itemize the charges, use the amount that exceeds the FSP maximum allotment as the allowable shelter cost.
6. If the GLA incorrectly includes PAA personal needs allowance as shelter cost on the rent form, you must subtract the \$82 before entering the shelter costs on the system.

Example: The CARE Home facility that Mr. Jones lives in provided a rent verification form that listed his total income \$879 (\$579 SSI and \$300 PAA grant) as the cost for shelter and meals. The case manager subtracts the maximum FSP allotment of \$149 and the \$82 personal needs allowance to calculate the shelter cost and enters \$648 on the SHEL screen.

7. **If the GLA does not separately identify the amounts paid for medical and shelter costs do not allow a deduction for the cost.** In most instances, a provider will identify the costs separately, if applicable, as either shelter and/or medical. Use the provider's verification of the breakdown of costs unless questionable.
8. The medical provider must verify medical expenses. The person, agency, or organization that provides a service is the correct source of verification of an expense.
9. Often the GLA provides medical services. The GLA may bill the resident for some, but not all, of the services. The GLA facility operator must provide a written statement of the medical services it charges the resident.
10. The GLA is the correct source of verification of the costs of attendant care that the GLA provides. If an agency other than the GLA provides the attendant care the agency providing the service is the source of verification.

Some GLAs keep an accounting of medical expenses that it pays on behalf of the resident. The case manager can use this information to determine medical expenses, unless it is questionable. If the GLA does not keep an accounting of the medical bills the case manager must get verification directly from the provider. For example, the customer has to go to the doctor every month, the case manager must verify the charge for the doctor visits with a bill or statement from the doctor's office.

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### **109.26 Use of FSP Allotment**

- A. The GLA may purchase and prepare food to be consumed by eligible residents on a group basis under the following conditions:
  - 1. When residents normally obtain their meals at a central location as part of the GLA services; or
  - 2. If meals are prepared at a central location for delivery to the individual residents.
- B. If residents purchase and/or prepare food for home consumption, as opposed to communal dining, the GLA must ensure that each resident's FSP allotment is used for meals intended for that resident.
- C. Eligible residents of a GLA who retain use of their own FSP account may either use their allotment to purchase meals prepared especially for them at the facility or to purchase food to prepare meals for their own consumption.

### **109.27 Responsibilities of GLA Facility**

- A. Each GLA shall provide the State agency with a list of currently participating residents. The list must include a statement from each responsible center official attesting to the validity of the list.
- B. When acting in the capacity of authorized representative, the GLA must notify the State agency of changes in the household's income, any other household circumstances and when an individual leaves the facility.
- C. When a resident moves from the facility, the GLA must comply as follows:
  - 1. Notify the local office of the resident's departure.
  - 2. Give the former resident his or her Independence card.
  - 3. Give the departing resident his or her full allotment if issued and if nothing has been spent on his or her behalf. This procedure is applicable at any time during the month.
  - 4. If benefits have been issued and any portion spent on behalf of the individual, the amount the former resident receives is contingent upon the departure date.

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### **109.27 Responsibilities of GLA Facility (continued)**

- (a) If the individual leaves the GLA within 16 days of the receipt of the FSP benefit, he/she is entitled to one-half of the monthly allotment.
- (b) If the individual leaves the GLA on or after 16 days following receipt of the FSP benefit, he or she will receive nothing.
- 5. If the individual leaving the GLA has been certified with a group of residents as one household, allow a pro rata share of one-half of the allotment when the individual leaves prior to the 16<sup>th</sup> day after receipt of the month's FSP.
- 6. The GLA, if possible, shall provide the household with a change report form to report the new address and other circumstances following departure from the facility. It should advise the household to return the form to the appropriate local department within 10 days.

### **109.28 GLA Center Responsibility and Liability**

- A. As the authorized representative, the GLA must be knowledgeable about the household's circumstances and should carefully review the information with residents prior to applying on their behalf.
- B. GLAs are:
  - 1. Responsible for any misrepresentation or intentional program violation it knowingly commits in the certification of residents;
  - 2. Liable for all losses or misuse of food allotments held on behalf of resident households;
  - 3. Liable for all overissuances occurring while households are residents of the facility; and
  - 4. Responsible for any misrepresentation or fraud, which it knowingly commits while representing residents in the certification process.

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### **109.29 Misuse of FSP Funds**

- A. The local office will promptly notify the Family Investment Administration (FIA) Office of Programs in writing when it has reason to believe that a treatment center is misusing the FSP allotments in its possession.
- B. The Family Investment Administration will promptly notify FNS of the circumstances and they will investigate the complaint.
- C. The local office will take no other action against the treatment center other than to establish claims for any overissuances discovered during an investigation or hearing procedure. FIA will notify the local office of the FNS decision and of any subsequent action needed.

### **109.3 Veterans and Surviving Spouses/Children**

The special policies that apply to elderly and/or disabled household members (uncapped shelter, medical deduction, potential separate household status) are extended to disabled veterans and their surviving spouse or children.

#### **109.31 Eligible Persons**

- A. A veteran with a service-connected (or non-service-connected) disability rated as total by the Veteran's Administration (VA) or paid as total by the VA.
- B. A veteran or a surviving spouse of a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under Title 38 of the United States Code.
- C. A surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the United States Code.
- D. A surviving spouse or child of a veteran and entitled to compensation for service connected death or pension benefits for a non-service connected death and has a disability considered permanent under the Social Security Act.

NOTE: Entitled in this definition refers to compensation or pension benefits received by the Veterans' surviving spouses and children or benefits that have been approved but not yet received.



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### **109.32 Permanent Disabilities under the Social Security Act**

- A. Permanent loss of use of both hands, both feet, or one hand and one foot.
- B. Amputation of leg at hip
- C. Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases
- D. Total deafness, not correctable by surgery or hearing aid
- E. Statutory blindness, except if due to cataracts or detached retina
- F. IQ 59 or less, established after attaining age 16
- G. Spinal cord or nerve root lesions resulting in paraplegia or quadriplegia
- H. Multiple sclerosis in which there is damage of the nervous system because of scattered areas of inflammation which recurs and has progressed to varied interference with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
- I. Muscular dystrophy with irreversible wasting of the muscles with a significant effect on the ability to use the arms and/or legs.
- J. Impaired renal function due to chronic renal disease (documented by persistent adverse objective findings) resulting in severely reduced kidney function which may require dialysis or kidney transplant.
- K. Amputation of limb, current age 55 or older.

### **109.33 Verification**

- A. Base the determination of a disability for a veteran on observation, or a statement from the VA.
- B. When possible, verification of disability for the surviving spouse or child will be made by observation. If not possible, require verification in the form of a written statement from a physician or licensed or certified psychologist.

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## **109.4 Elderly and Disabled Living with Others**

### **109.41 Definition**

Elderly individuals 60 years of age or older (and their spouses) who are unable to purchase and prepare their own meals because of a disability considered permanent under the Social Security Act, or some other permanent physical or mental non-disease-related disability, and who are living and eating with others, may be considered an individual household.

### **109.42 Determining Individual Household Status**

- A. Consider the elderly and disabled living with others as a separate household if the income of the others with whom the individual resides does not exceed 165% of the poverty level.
- B. Income for this provision includes the earned and unearned income of all other individuals with whom the elderly and disabled individual resides except for his or her spouse.
- C. To determine if the other household members pass the 165% of poverty test:
  1. Add together the gross income of the other members as if they were applying for FSP benefit participation (do not include the income of the elderly and disabled person and spouse in this calculation).
  2. Compare the gross income for the household without the elderly and disabled person and spouse to the 165% gross income standard on the Standards for Income and Deductions Chart column C in Section 600.
- D. If the income of the other household members is less than the 165% standard for the family size of the others with whom the disabled person lives, shown on the chart, the elderly and disabled person and spouse can participate as a separate household, if otherwise eligible.

Prorate any shared expenses between the households and allow the expense to whoever incurs it.

Example: Mr. Smith lives with his daughter and her two children. He is 65 years old and is unable to purchase and prepare his meals on his own because he is blind. The daughter's monthly income is \$2500. Since this is less than the amount in column C of the Standards of Income and Deductions Chart, Mr. Smith can be considered a separate household.

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### **109.43 Determining Disability**

- A. Disability as it applies in this policy means inability to purchase and prepare meals. Those disabilities considered permanent under the Social Security Act would probably qualify a household for separate status. It is important that the disability make the individual incapable of purchasing or preparing food.
- B. Grant separate household status immediately if the disability is obvious, provided the other household members meet the income test.
- C. Request a statement from a physician verifying the inability to purchase and prepare meals if the disability is not obvious.

## **109.5 Residents of Treatment Centers for Drug Addiction and Alcoholism**

### **109.51 Verification of Facility Status**

- A. Prior to certifying any residents for FSP benefits, the local office shall verify the following information:
  - 1. The treatment center is authorized by FNS as a retailer if the center wishes to use the FSP allotment through a wholesaler or,
  - 2. If it is not authorized by FNS as a retailer, that it is a publicly operated or private non-profit drug or alcoholic treatment and rehabilitation center licensed by an agency of the Maryland Department of Health and Mental Hygiene.
- B. Each local office must maintain a list of certified treatment centers for worker reference.

### **109.52 Eligible Persons**

- A. Narcotic addicts or alcoholics who regularly participate in publicly operated or private non-profit drug or alcoholic treatment and rehabilitation programs on a resident basis may voluntarily apply for the Food Supplement Program.
- B. Determine the eligibility of resident addicts and alcoholics as a one-person household or, where children are living with parents at a treatment center, the household will also include the children who are residing at the center with their parents.

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### **109.53 Authorized Representatives**

- A. Drug or alcohol treatment centers shall designate an employee of the center to act as the authorized representative for residents who are participating in the Food Supplement Program.
- B. The authorized representative shall complete the application process, receive and spend the FSP benefits for food prepared by and/or served to the participating residents of the center.

### **109.54 Processing Provisions for Residents of Treatment Centers**

- A. Residents of treatment services are eligible for expedited services. The seven-day processing standard applies.
- B. Complete verification and documentation requirements when making an eligibility determination in which normal processing standards are applied.
- C. Process changes in household circumstances and recertifications by using the same standards that apply to all other FSP households.

### **109.55 Resident Rights**

Resident households are entitled to the same rights to notices of adverse action, to administrative hearings, and to lost benefits, as are all other FSP households.

### **109.56 Budgeting**

Consider the entire payment made by the resident to the treatment center as a shelter expense.

### **109.57 Responsibilities of Treatment Centers**

- A. Each treatment and rehabilitation center will provide the local offices with a list of currently participating residents. The list shall include:
  - 1. A statement signed by a responsible center official attesting to the validity of the list.
  - 2. A list will be submitted on a monthly or semimonthly basis as required by the local office.
- B. The treatment center must notify the local office of changes in the household's income or other household circumstances.

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### **109.57 Responsibilities of Treatment Centers (continued)**

- C. The treatment center must notify the local office whenever an addict or alcoholic leaves the center.
- D. When a household leaves the facility, the center must give the ex-resident his/her Independence Card. The household will be allowed to sign for and receive any remaining benefits.
- E. The household will be entitled to the full allotment if benefits have been issued and nothing has been spent on behalf of the individual household. This applies at any time during the month.
- F. The household will be entitled to one-half of his/her allotment if any portion has been spent and the household leaves **within 16 days of the receipt of the FSP benefit**.
- G. The household is not entitled to any portion of the allotment if he/she leaves on or after 16 days of receipt of the FSP benefit and any portion of his/her allotment has been spent.
- H. If possible, the center should provide the household with a change report form and advise him/her to complete and return it to the local office within 10 days.
- I. Once the household leaves the treatment center, the center is no longer allowed to act as that household's authorized representative.

### **109.58 Treatment Center Responsibility and Liability**

- A. As the authorized representative, the treatment center must be knowledgeable about the household's circumstances and should carefully review the information with residents prior to applying on their behalf.
- B. Treatment centers are:
  - 1. Responsible for any misrepresentation or intentional program violation it knowingly commits in the certification of center residents;
  - 2. Liable for all losses or misuse of food allotments held on behalf of resident households;
  - 3. Liable for all overissuances occurring while households are residents of the facility; and

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#### **109.58 Treatment Center Responsibility and Liability (continued)**

4. Responsible for any misrepresentation or fraud, which it knowingly commits while representing residents in the certification process.

#### **109.59 Misuse of FSP Funds**

- A. The local office will promptly notify the Family Investment Administration Office of Programs in writing when it has reason to believe that a treatment center is misusing the FSP allotments in its possession.
- B. The Family Investment Administration will promptly notify FNS of the circumstances who will investigate the complaint.
- C. The local office will take no other action against the treatment center other than to establish claims for any overissuances discovered during an investigation or hearing procedure. FIA will notify the local office of the FNS decision and of any subsequent action needed.

#### **109.6 Residents of Homeless Shelters**

- A. Persons in a homeless shelter are entitled to apply for and, if eligible, receive FSP benefits.
- B. The homeless shelter cannot require a homeless FSP recipient to surrender any of their FSP Independence Card benefits to the shelter even when the shelter provides the recipient's meals.
- C. The use of FSP benefits to purchase prepared meals from public or private nonprofit homeless meal providers must be voluntary on the part of recipients.
- D. The amount the homeless meal provider requests from FSP recipients for meals cannot exceed the average cost of the food contained in a meal served to individual.
- E. The homeless meal provider must give FSP recipients the same options in paying for meals as given to persons who do not receive FSP benefits. For example, if others have the option of eating free or making monetary donations, the homeless meal provider must give recipients the option of eating free, donating money or donating FSP benefits.
- F. Even if the shelter is authorized by USDA to receive FSP benefits, turning over any or all of their FSP benefits is voluntary on the part of the resident of the shelter.

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## **109.6 Residents of Homeless Shelters (continued)**

- G. Homeless meal providers cannot act as authorized representatives for homeless FSP recipients.